## RESIDENCE ADDRESS IS VOLUNTARY

TRAVEL EXPENSE CLAIM	-CIVILCODE SECTION 1798.17
OTD 000 (D 0(00) DMII 004	

STD.	262 (Re	ev 6/93) DMH-001										Pag	ge of	_1_		
CLAIMANT'S NAME							SSN OR EMPLOYEE NUMBER*						DEPARTMENT			
Stephen W. Mayberg					461-500-1641-001						Mental Health					
POSITION CBID						DIVISION OF BUREAU						INDEX NUMBER				
Director E99						Director's Office						461-500				
RESIDENCE ADDRESS*						HEADQUARTERS ADDRESS						TELEPHONE NUMBER				
on file					1600 Ninth Street						654-2309					
CITY STATE ZIP CODE						CITY						STATE	ZIP CODE	04.4		
(4) MNTUO/D (2)		(4)	(4) (5) MEALS			S (6) (7) TRANSPORTA						95814				
(1) MNTH/YR Jan 2010		(3)	(4)	(5)	MEALS	O.T.,L/T,	(6)	(A)	(B)	(C)		(D)	(8)	(9)		
(2)		LOCATION		BREAK-		N/C,RELO, OR	INCIDEN-	COST OF	TYPE	CARFARE, TOLLS,	PRIVAT	E CAR USE	BUSINESS	TOTAL EXPENSES		
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY		
1/21	0730	Sacramento							рс	6.00						
	0930	returned									12	6.60		12.60		
														12.60		
COL C	ODE (	Acctg Use Only)												12.00		
	(	g,,				(1 000 [	l Direct Pay	) Paimbu	rsome	nt Reques	<b></b>			40.00		
						(Less I	on ect r ay	) Kellilbu	Seme	int Neques			•	12.60		
(11) PUF	RPOSE O	F TRIP, REMARKS, AND DETAILS (Attach re	eceipts/vouch	ners when r	equired)						(12) N	ormal Wor	k Hours			
,											i. to 5:00 p.m.					
in San Diego. Planes were cancelled dued to inclimate weather. (13) Pvt Vehic										rt Vehicle L	icense #					
On file											leane Rate	Claimed				
(14) Mileage R												loago rtait	Olamica			
											# ###	0.55				
												ONI Revolvina	NLY ng Check Number			
Paid by Revolv													y Oncon ive			
	RFRY	CERTIFY that the above is a tru-	e stateme	ent of the	travel	expenses	incurred b	v me in a	ccorda	nce with ex	l xistina a	areement	s and Dena	artment of		
Pers	sonnel	Administration regulations, in the s	service of	the State	e of Cal	lifornia and	that all ite	ms show	n were	for the offi	cial bus	iness of th	e State of 0	California,		
and	if a pri	vately-owned vehicle was used, I														
	•	seat belt usage.		DATE		(46) 0101147	UDE OF OFF	ICED ADDS	)/IN/O T	DAVEL AND S	A \/A 4 = 1 =		DATE			
CLAIMANT'S SIGNATURE DATE						(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMEN							DATE			
(17) SIGNATI IDE AND TITLE OF ALITHODITY FOR SPECIAL EXPENSES													DATE			